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CONFIRMATION NO. 5590

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|---|---|-------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/549,441  | <b>FILING OR 371(c) DATE</b><br>06/26/2006<br><b>RULE</b>   | <b>CLASS</b><br>424           | <b>GROUP ART UNIT</b><br>1644   | <b>ATTORNEY DOCKET NO.</b><br>514712001600 |
| <b>APPLICANTS</b><br>David L. Shelton, Oakland, CA;<br><i>yes ml</i><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/US04/08865 03/22/2004 which claims benefit of 60/456,648 03/20/2003<br><b>** FOREIGN APPLICATIONS *****</b>   |   |                               |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/12/2006</b>  |   |                               |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met<br>Verified and Acknowledged <i>Allowance</i><br>Examiner's Signature _____ Initials _____ |   | <b>STATE OR COUNTRY</b><br>CA | <b>SHEETS DRAWING</b><br>9  | <b>TOTAL CLAIMS</b><br>14                  |
| <b>INDEPENDENT CLAIMS</b><br>3  |   |                               |   |  |
| <b>ADDRESS</b><br>25226   |   |                               |   |  |
| <b>TITLE</b><br>Methods for treating taxol-induced gut disorder   |   |                               |   |  |
| <b>FILING FEE RECEIVED</b><br>730   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                               | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |